



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH JAY HOSPITAL

City of Hospital: Portland

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

Email Address: dtatter@iuhealth.org

Medicare Provider Number: 15-1320

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$16443863
Outpatient Patient Service Revenue	\$60276617
Total Gross Patient Service Revenue	\$76720480

2. Deductions From Revenue

Contractual Allowance	\$-51684076
Other Deductions	\$343346
Total Deductions	\$-51340730

3. Total Operating Revenue

Net Patient Service Revenue	\$24693058
Other Operating Revenue	\$1135442
Total Operating Revenue	\$25828500

4. Operating Expenses

Salaries and Wages	\$11619094	Employee Benefits	\$2923546
Depreciation and Amortization	\$3094105	Interest Expense	\$32381
Bad Debt	\$3047376	Other Expenses	\$13959756
Total Operating Expenses	\$34676258		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-8847758	Total Assets	\$35791631
Net Non-operating Gains over Loss	\$31908858	Total Liabilities	\$35791631

Total Net Gains	\$23061100
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$31828738	\$24001372	\$7827366
Medicaid	\$14521727	\$11843427	\$2678300
Other Government	\$469788	\$386490	\$83298
Other State	\$0	\$0	\$0
Other Payers	\$29900227	\$18843509	\$11056718
Total	\$76720480	\$55074798	\$21645682

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$6997	\$-6997

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$10342	\$-10342
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$2342964
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$918208	
HCI Payments	\$0		
Subtotal	\$0	\$918208	\$-918208
Medicaid Shortfalls	\$2432741	\$7016174	
Subtotal	\$2432741	\$7934382	\$-5501641
DSH Payments	\$0		
Subtotal	\$2432741	\$7934382	\$-5501641
Medicare Shortfalls	\$10807681	\$10948698	
Other Government Programs	\$0	\$0	
Total	\$13240422	\$18883080	\$-5642658

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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